

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041257

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9968

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Michigan b. COUNTY Wayne

c. CITY OR TOWN Detroit

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Anthony's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
13442 Camden

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Mathilda

Middle

A.

Last

Budde

4. DATE OF DEATH

Month

October

Day

5,

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/25/1891

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Joseph Kraus

13b. MOTHER'S MAIDEN NAME

Margaret May

14. NAME OF HUSBAND OR WIFE

Frank Budde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frank Budde, Detroit, Michigan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 Hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Sinusitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10/3/63 to 10/5/63 and last saw her alive on 10/5/63  
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Baron Hendrix M.D.

22b. ADDRESS

4268 Delor

22c. DATE SIGNED

10/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-6-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivette Cemetery

23d. LOCATION (City, town, or county)

Detroit, Michigan

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 7 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATE OF OHIO

DEPARTMENT OF HEALTH

CEMENTED

3/1/01

CERTIFICATE OF

DEATH

OF

THE BODY OF

THE DECEASED

AND

EMBALMED

BY

ST. JOHN'S

CHURCH

OF CLEVELAND, OHIO

ON

THE

DATE OF

DEATH

AND

THE BODY OF THE DECEASED

WAS

BY

*Wm. H. Hensley*  
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

☒ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Wm. H. Hensley*  
\_\_\_\_\_

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*8/2/01*

*8/2/01*

*8/2/01*

*8/2/01*

*Wm. Hensley*